COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

CONFIDENTIAL CLIENT INFORMATION SEE CALIFORNIA WELFARE AND INSTITUTION CODE 5328

Open Outpatient Episode

Outpatient

CLIENT I.D.#

Last Name:			
First Name:		Middle:	
Admit Date:			
Other Factors:	Physical? Yes ☐ No ☐ DD? Yes ☐ No ☐ Dual Diagnosis		
Intent of Service:	☐ Assessment ☐ Improvement ☐ Maintenance		
Primary Problem Area:			
Referral In Code:		Legal Status:	
Referral In Reporting Unit:			
Treatment Authorization for Minor:			
Patient File #:			
Primary Contact:			
Service Plan Due Date:			
Coord Due Date			

DIAGNOSIS

AXIS I	AXIS II	AXIS III	AXIS IV	AXIS V
			☐ 1. Primary Support Group	GAF/CGAS
			☐ 2. Social Environment	
			☐ 3. Educational	
			☐ 4. Occupational	
			☐ 5. Housing	
			☐ 6. Economic	
			☐ 7. Access to Health Care	
			☐ 8. Interaction with Legal System	
Primary:			☐ 9. Other Psychological/Environmental	
Secondary:			☐ 10. Inadequate Information	

Provider Name: _____ Provider Number: _____